

**Marion Board of Health
2 Spring Street
Marion, MA 02738
do508 748 3530**

**2007 Marion Board of Health Application for
Semi Public or Public Swimming Pool Permits**

Name of Facility_____

Pool Address_____

Facility Mailing
Address_____
[if different from above]

Facility Telephone
Number(s)_____

Name of Point of
Contact_____

Home Mailing Address of Point of
Contact_____

Home Telephone Number of
Point of Contact _____

Name of Pool
Operator_____

Home Mailing Address of Pool
Operator_____

Home Telephone Number of Pool
Operator_____

Name of Assistant Pool
Operator_____

Home Mailing Address of
Assistant Pool
Operator_____

Home Telephone Number of
Assistant Pool Operator_____

Total payment of \$80.00 is due with Application

The responsibility to seek and obtain appropriate licenses and permits is that of the applicant.

This is a two-sided application. Please complete the reverse